

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018964

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3	/						53				
4	/	/					54				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL	6	3					TOTAL				
TOTAL	6	3					TOTAL				
TOTAL	6	3					TOTAL				
TOTAL	6	3					TOTAL				